PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003

108146941

		CLAIMS	AS FILE	D - PART	1.			SMALL	ENTITY		07.10	
(Column 1) (Column 2)							_			OF		
	OTAL CLAIMS		125	25				RATE	FEE	7	RATE	
F	OB		NUMB	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 385.00	OF		
יַ	TOTAL CHARGEABLE CLAIMS			25 minus 20=		. 4		X\$ 9=		OB	XS18=	90-
Ĭ,	DEPENDENT	CLAIMS	12	9 minus 3 =				X43=	-	-	Vac	-12
М	ULTIPLE DEPI	ENDENT CLAIM	PRESENT	SENT]	+145=		1		
	f the difference	ce in-column-1-i	RATE FEE RATE FEE RATE FEE RATE FEE RATE FEE RATE FEE RASIC FEE 770.00 RECLAIMS 2 minus 20=									
Á		(Column 1)		(Coluin	າກ 2)	(Column 3)	<u>.</u>	OTHER TH				
AMENDMENT A	3.30-14	REMAINING		NUME PREVIO	BER			RATE	TIONAL		RATE	TIONAL
NDN	Total	· 25	Minus	-94	<u>^</u>	- 10		XS-0=		OR	X\$18=	
AME	Independent	ENTATION OF M		EPENDENT.	}]= /	И	X43=		OR	-X86-	
L	17710171120	ENTANCE OF I	OLIFE D	EFENDENI	CLAIM		' [+145=		OR	+290=	
		•				<i>.</i>	L			00		
	•	(Column 1)		(Colum	n 2)	(Column 3)				•	ADOII. FEEL	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUMBI PREVIOU	ER JSLY			RATE	TIONAL		RATE	TIONAL
	.Total		Minus	••• ••	•	s —		X\$ 9=		OR	X\$18=	·
ME	Independent	•			•	•		Y43= .	•••	ŀ	Y95-	•
	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT C	LAIM		╘	7.10-		OR	7.002	
		······································		· · .			L	+145= TOTAL		OR		
			· .		· -		A	OOT. FEE		OR A	DOTAL DOTT. FEE	
7.		(Column 1) CLAIMS		(Column		(Column 3)		. · ·			•	
AMENDARY C		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	A SLY	PRESENT EXTRA		RATE 1	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••				X\$ 9=		امد	X\$18=	
	Independent	•	Minus	•••		=	\vdash					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								—— °	DR		<u> </u>
• H 1	the entry in cohe	dependent • Minus • X\$9= OR X\$18= R\$T PRESENTATION OF MULTIPLE DEPENDENT CLAIM A centry in column 1 is less than the entry in column 2 write 70 in column 3										
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE ADDIT. FEE												
T	ne, "Highest Num	ber Previously Paid	For (Total o	f Independent)	is the h	o, emer "3." ighest number:			opriate box i			
							•			• • •		